Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204

Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Registered Nurse Renewal Form

You may renew your license online at www.pla.in.gov for about 18 months after the expiration. To renew by mail, please print and complete this form in its entirety and submit it with the renewal fee of $50.00 to the office address shown in the above corner. **If this document is postmarked after your license expiration you must include a $50 late fee**. If you answer 'Yes' to any question below send a detailed statement regarding the response with this form and the fee.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Enter Expiration Date	Renewal Fee $50.00 $100 if Expired
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS		
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes	No
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes	No
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contender to any offense, misdemeanor, or felony in any state?	Yes	No
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes	No
5. Have you been reprimanded, disciplined, demoted or terminated in the scope of your practice or as another health care professional?	Yes	No
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	Yes	No

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit www.pla.in.gov for additional information regarding your license.
If you have any questions for the State Board of Nursing please email pla2@pla.in.gov or call 317-234-2043.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date